

Testimony for Mary Keehn, PT, DPT, MHPE and Ellen “Mickey” Bonk, PT, MBA

Members, Illinois Physical Therapy Association

Illinois Healthcare Reform Implementation Council

Tuesday, November 16

3:30 pm

Howlett Building Auditorium

Mister Chairman and Members of the Illinois Health Reform Implementation Council, the Illinois Physical Therapy Association appreciates the opportunity to offer testimony to inform the discussion and deliberations of your group about making the most of the opportunities afforded by the federal Patient Protection and Affordable Care Act while recognizing that our state currently faces enormous fiscal challenges.

The Illinois Physical Therapy Association represents over 11,000 Physical Therapists, Physical Therapist Assistants and students of Physical Therapy in the State of Illinois. The IPTA is committed to appropriately increasing access to physical therapy services to all who need them in a fiscally and ethically responsible manner. Currently there are several barriers that stand in the way of physical therapists making a full contribution to the health and function of the people of Illinois. Those include the limitation on direct access to physical therapy services, the gaps that exist in funding for persons receiving Medicaid to physical therapy services and the peculiar differences in payment to physical therapists in private practice and in hospital based practices that create unwarranted and costly difficulties for Medicaid recipients.

Physical Therapy is effective in maximizing the functional abilities of people with an extremely wide range of severity and type of pathologies to carry out daily activities and to participate in work, school, and family life – to operate as contributing members of the citizenry of the state of Illinois. Physical Therapy is a relatively low cost health care service with a focus on personal responsibility for achieving and maintaining good health and function. A Physical Therapist’s evaluation not only identifies existing problems and how they can be addressed, the evaluation also identifies the barriers that a person faces in achieving maximum function and includes a

determination of which and how barriers can be overcome. Physical Therapists develop an individualized plan of care that focuses on the physical limitations a person faces, the environment in which the person lives and how that environment impacts on function, and the social support system (strong or weak) that the person has surrounding them and its impact on the achievement of maximum function.

Function is not just a matter of physical ability. Full function depends on physical ability and an environment that supports and sustains participation. Physical Therapy is a critical component of achieving full function and in educating patients and clients on how to address environmental barriers.

Unfortunately, there are currently significant barriers to access to physical therapy and related rehabilitation services. These barriers may actually be exacerbated by the Affordable Care Act (ACA) if not addressed as this Act is operationalized.

In the State of Illinois, even for people who are quite knowledgeable about their own conditions and health care needs, access to physical therapists is delayed by the need for a referral from a physician. Although the IPTA has responsibly pursued the elimination of the need for a physician referral by addressing concerns related to patient safety, utilization of services, and competence of physical therapy practitioners, the requirement for a physician referral still exists in the Illinois Physical Therapy Act even though it has been eliminated by the Centers for Medicare and Medicaid Services at the federal level and has been eliminated in 37 other states. Patients who are motivated to improve their physical abilities and ability to function in society should not have unwarranted barriers to action.

In the State of Illinois, the payment for physical therapy under the Medicaid program for Physical Therapists in Independent Practice is significantly lower than for physical therapy provided in a hospital based practice. In fact, it is so low that for a Physical Therapist in independent practice it does not meet the cost of providing the service. Why is this a problem? It is a problem because in many regions of our state, the patient (who often has significant difficulty with mobility and with providing their own transportation) has to travel long distances

to a hospital despite the fact that a physical therapist in private practice might be available within their own community. Not only is this bad for patients, it is bad for physical therapists in private practice who as small business owners are fighting to survive. This is a problem that affects Medicaid recipients of all ages, but is a particular problem for infants and children who are denied access to physical therapy and other rehabilitation services with lifelong consequences.

In the State of Illinois, Medicaid does not pay for comprehensive inpatient rehabilitation services in a skilled nursing facility. If a patient needs comprehensive inpatient rehabilitation services including physical therapy – which typically is needed after a stroke, major trauma such as brain or spinal cord injury or severe and prolonged medical illness – it cannot be provided in a skilled nursing facility (even though Medicare Part A covers inpatient rehabilitation in a skilled nursing facility) it has to be provided in a higher cost acute care hospital or foregone altogether. The problem of providing care in an unnecessarily high cost environment is obvious. Although some patients require the medical and nursing care and the intensity of rehabilitation that is provided only in an acute inpatient rehabilitation unit, some patients could participate in an effective rehabilitation program in a lower cost skilled nursing facility. This unfortunately is not possible under current payment policy. The potential long term cost to the state of Medicaid recipients not achieving maximum recovery and function has not been studied in Illinois but the positive impact of inpatient rehabilitation has been documented and should serve as support for the need for coordinated, lower intensity rehabilitation services within a skilled nursing facility.

After January 1, 2014, the ACA will make about 700,000 more Illinoisans eligible for Medicaid. As access to Physical Therapy is already limited based on the previously mentioned issues, the influx of these additional covered individuals will increase the difficulty to attain appropriate care. Additionally, as we assume more individuals will likely move, from one year to the next, between Medicaid coverage and private health insurance (via the Health Care Exchange), the administrative costs associated with these changes may well decrease the number of facilities/practices willing/able to accept Medicaid patients. Lastly, the movement from private health insurance to Medicaid and back will add to the complexity of maintaining continuity of care for these individuals.

We hope that the Council, will look carefully at the value of physical therapy and other rehabilitation services and will do everything in their power to ensure that Medicaid recipients and all residents of the State of Illinois have access to this effective and relatively low cost health care service that pays dividends for a lifetime.

Thank you for your consideration of these important issues.